

Name  
in  
Full

## CERTIFICATE OF DEATH

James Appel

Died at <i>Sorsay</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>1</i>	Day <i>16</i>	Age <i>2</i>	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Anne Arundel Co.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John H. Appel</i>	Father's Birthplace <i>Balto. Md.</i>						
Mother's Maiden Name <i>Elizabeth Soellner</i>	Mother's Birthplace <i>Balto. Md.</i>						
Name of person giving Information <i>John H. Appel.</i>	How related to deceased <i>Father.</i>						

## CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>ELK Ridge Md</i>
Accident or Suicide <i>no</i>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lilly & Feiler

403 S. Wolfe St.

Undertakers

Name  
in  
Full

Henry Mason Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

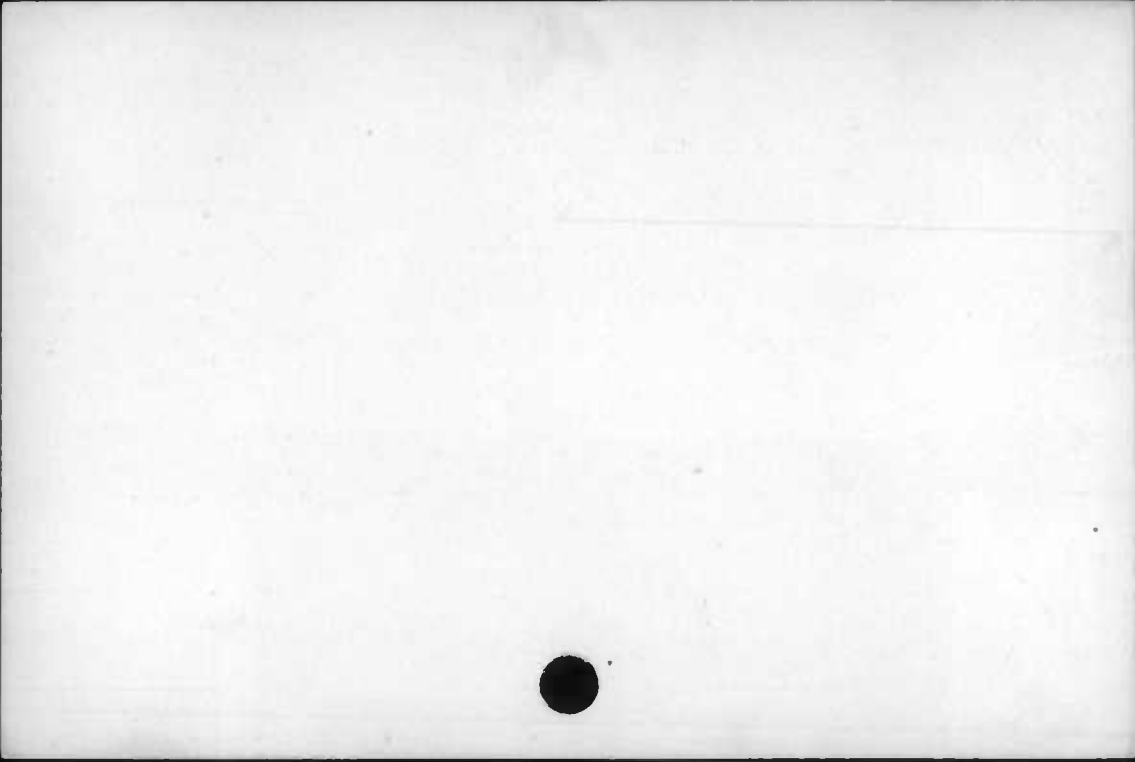
Died at <i>near Hanover</i>		Town <i>Howard</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1909 Jan</i>	Month <i>19</i>	Day <i>19</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Prince Georges Co Md</i>					
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Residing at place of death</i>						
<del>Married</del> Single or Widowed	Name of Wife or Husband <i>None</i>						
Father's Name <i>John M. &amp; Bell</i>	Father's Birthplace <i>Alexandria Va</i>						
Mother's Maiden Name <i>Anna R Gray</i>	Mother's Birthplace <i>Alexandria Va</i>						
Name of person giving information <i>William W. Bell</i>	How related to deceased <i>Brother</i>						

## CAUSES OF DEATH

79

Primary <i>Aortic Insufficiency</i>	How long <i>2 years</i>
Immediate <i>Heart Failure</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E R Winterison</i>
	Address <i>Hanover Md</i>
*Accident or Suicide <i>2</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Richard E. Ball

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

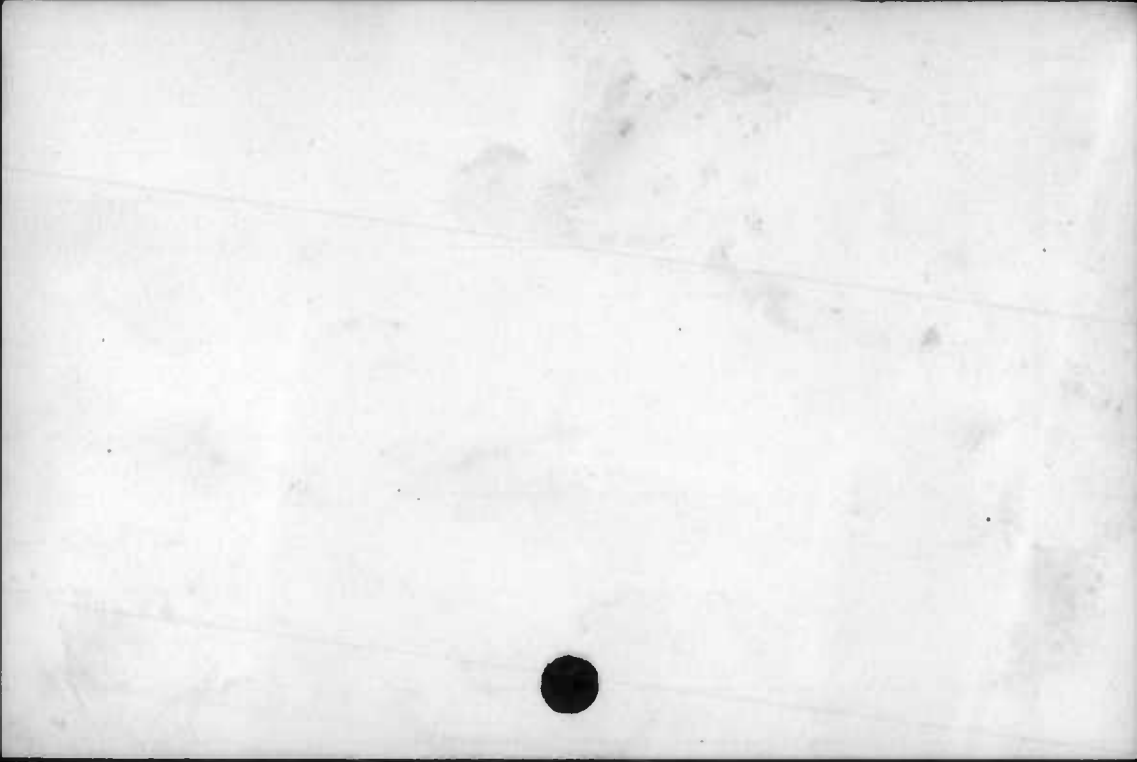
Died at <i>Keen Laurel</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1909 Jan.</i>	Month <i>Jan.</i>	Day <i>5th</i>	Years <i>80</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>P. Geo Co</i>		
Occupation <i>Crossing Watchman</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Malinda Beace</i>				
Father's Name <i>Richard E. Beace</i>	Father's Birthplace <i>P. Geo Co</i>				
Mother's Maiden Name <i>Arrington</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>W. Beace</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary <i>Cardiac disease.</i>	How long <i>6 mo.</i>
Immediate <i>Thrombosis of leg &amp; gangrene</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. P. P. P.</i>
	Address <i>L. Laurel, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

William Blackman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

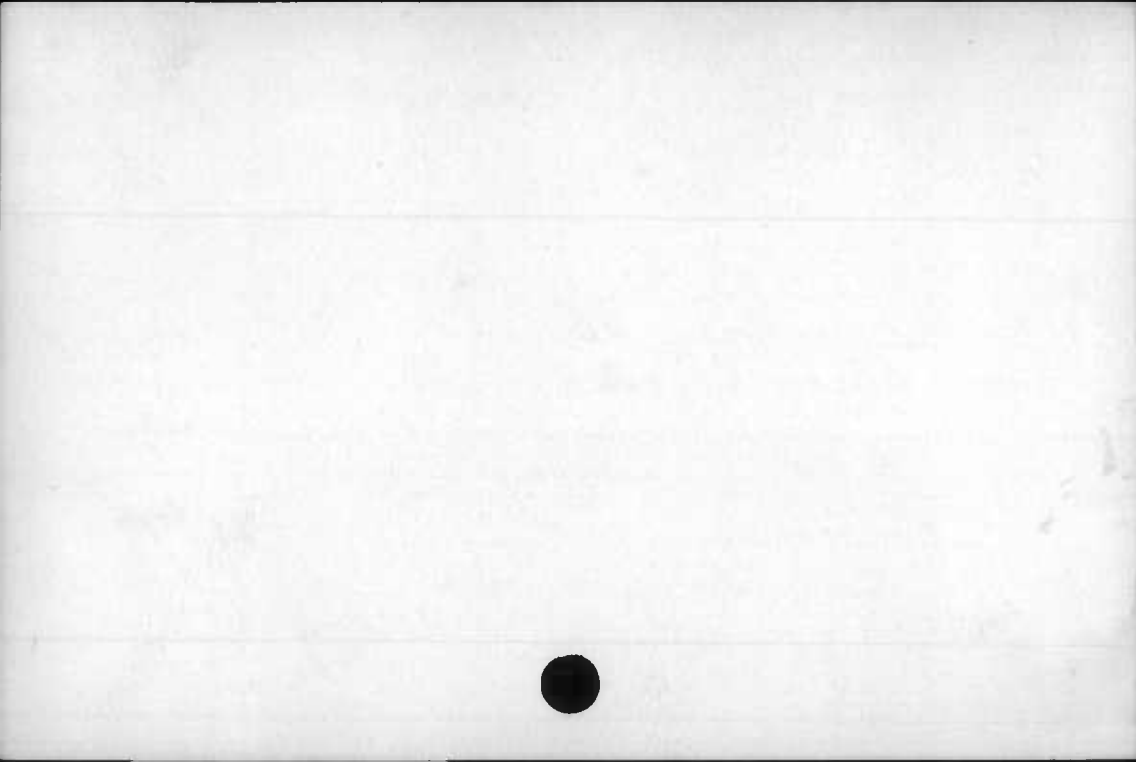
Died at <i>Clarksville</i> Town.		<i>Zenard</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan.</i>	Day <i>19</i>	Age <i>31</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>North Carolina</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Do not know</i>			Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>Do not know</i>		
Name of person giving information <i>Walter Lucas</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>L. C. Nichols</i>
		Address <i>Dayton</i>
Accident or Suicide?		<i>Ind.</i>





Name  
in  
Full

Eunice Maud Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

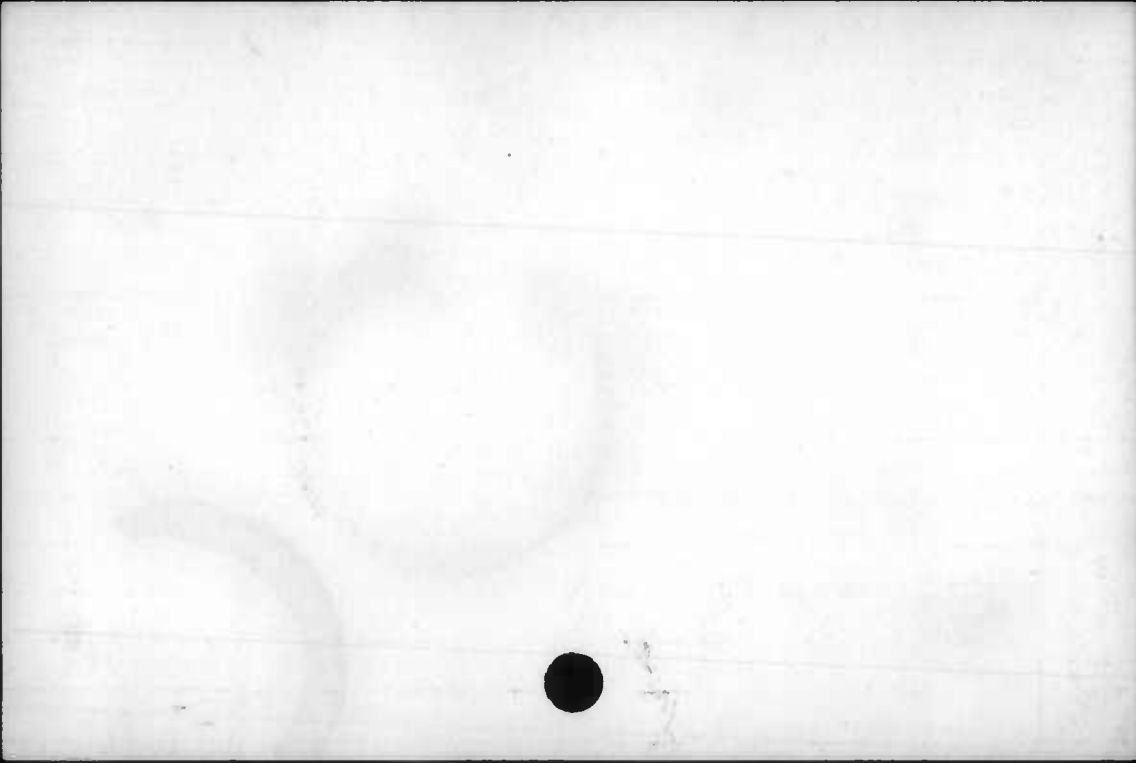
Died at <u>Dayton</u> Town		<u>Neward</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>18</u>	Age <u>      </u> Years	Months <u>13</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>George Nolan Brown</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Botterill Cather</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>George Nolan Brown</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <u>Bronchitis</u>	How long <u>21 days</u>
Immediate <u>Bronchi Pneumonia</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John W. Webb Jr</u>
	Address <u>West Friendship Md.</u>
Accident or Suicide? <u>      </u>	<u>Neward County Md.</u>



Name  
in  
Full

Lethia Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Eck Ridge* TownCounty *Howard*

MARYLAND

Date of death *1908* Month *January* Day *3*Years *Age about 100*

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Maryland*Occupation *Cook*Where Residing if not at place of death *Eck Ridge*~~Married, Single~~  
or WidowedName of Wife or Husband *Chas. Butler*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *"*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

154

Primary *Advanced age*How long *10 years*Immediate *General debility*How long *a year or more*

Are the name, age, sex, color, date and place correctly given above?

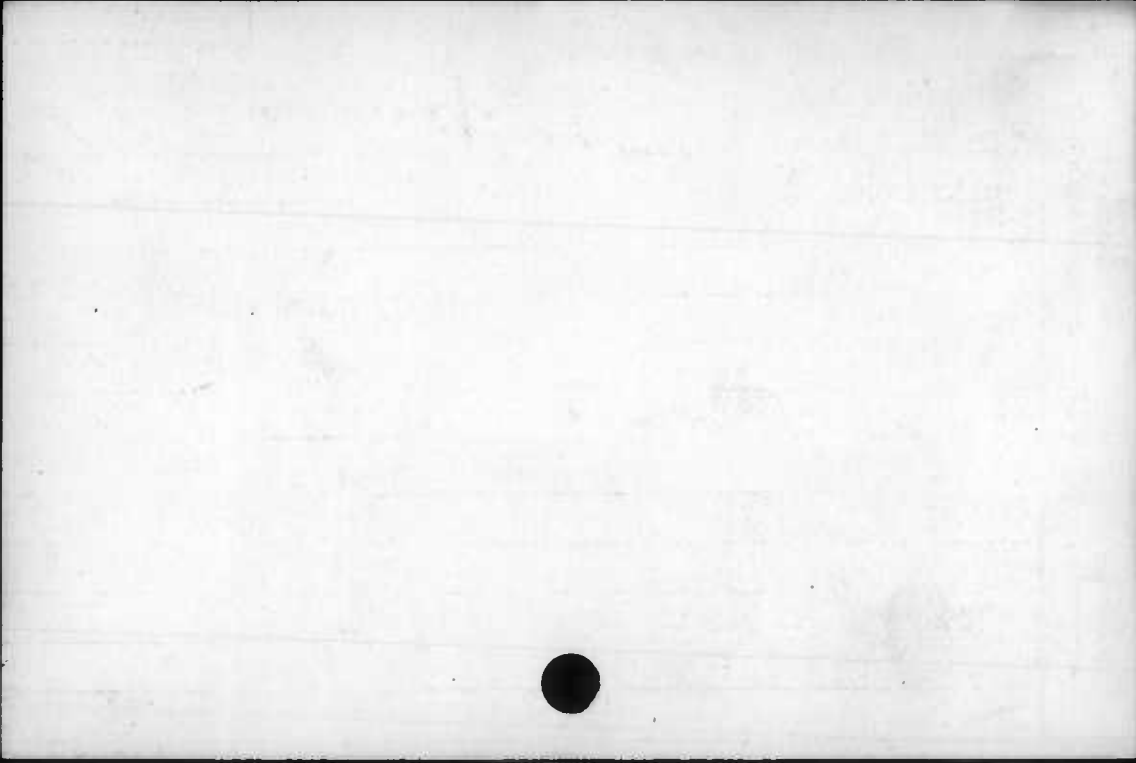
*Yes*

Signature of Physician

*Wm R. Eversman*

Address

*Eck Ridge*~~Accident or Suicide?~~



Name  
in  
Full

Rev. H. M. Chapuis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

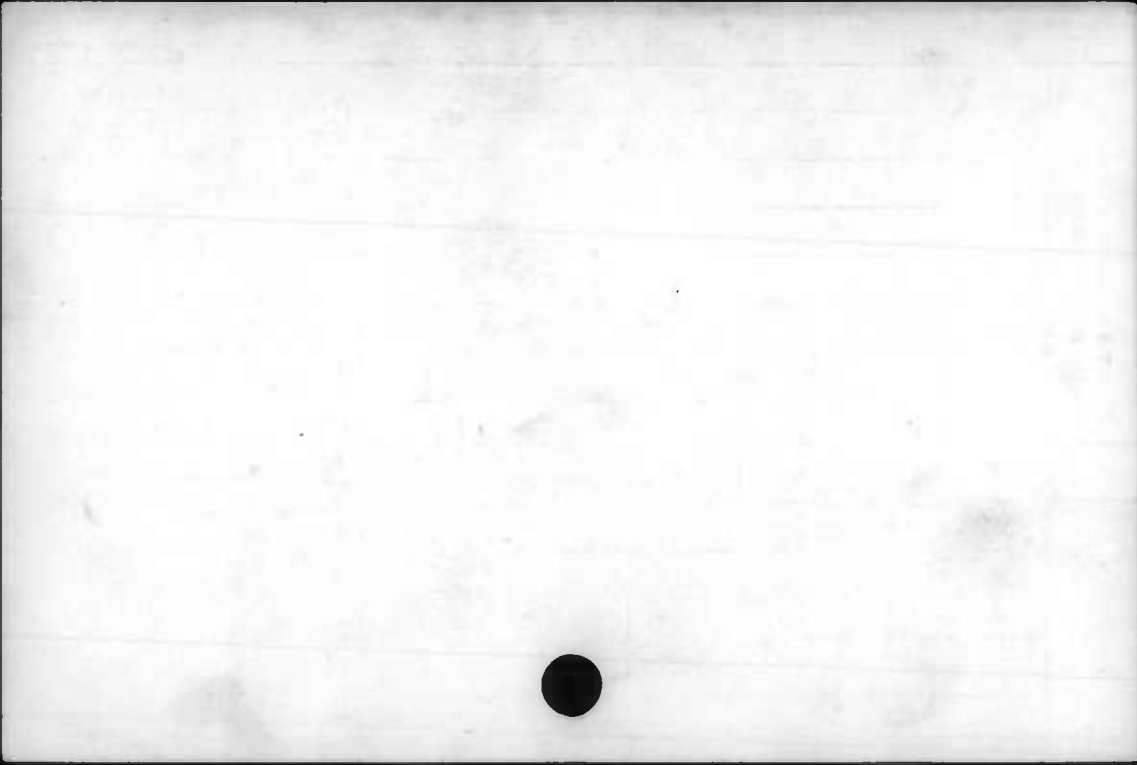
Died at <i>St. Charles College</i>		Town <i>Howard</i>		County		MAYLAND	
Date of death <i>1909</i>		Month <i>January</i>	Day <i>30</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>France</i>			
Occupation <i>Clergman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>France</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>France</i>					
Name of person giving information <i>Rev. F. X. McKenny</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

10

Primary <i>Influenza</i>	How long <i>4 days</i>
Immediate <i>Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes.</i>	Signature of Physician <i>B. J. Byrne</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
Anna Cungle		MARYLAND			
Died at Ellichester		County Howard			
Date of death 1909		Month Jan		Day 24	
Age		Years		Months	
Sex Female		Color or Race White		Birth-place Ellichester	
Occupation		Where Residing if not at place of death Ellichester Md			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Frank Cungle		Father's Birthplace Howard Co			
Mother's Maiden Name Mary E Moore		Mother's Birthplace Howard Co			
Name of person giving information Frank Cungle		How related to deceased Father			
CAUSES OF DEATH					
Primary		Premature birth			
Immediate		asthemia			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. M. Stultz M.D.			
		Address Gatonsville Md			
Accident or Suicide?					





Name  
in  
Full

William G. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at near <sup>Town</sup> Ellicott City

County Howard

MARYLAND

Date of death 1909 January

Day 3

Age 98

Months 11

Days 1

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Retired

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mary Jones Davis (Succand)

Father's  
Name

William Davis

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Caroline Gibbons

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Martha Davis

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

Primary

old age

How long

—

Immediate

Arterial Failure

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianThos. Brown  
Ellicott City

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



695

Name  
in  
Full

William H. Dayhoff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Alberton* <sup>County</sup> *Howard* **MARYLAND**  
 Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *23* <sup>Years</sup> *62* Age <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *Merchant.* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Emily Jane Dayhoff.*  
 Father's Name *Elias Dayhoff.* Father's Birthplace *Maryland*  
 Mother's Maiden Name *not known* Mother's Birthplace *not known*  
 Name of person giving Information *Emily Jane Dayhoff* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Cancer of Face* How long *About 18 Months*  
 Immediate *Sepsis - Asthenia* How long *5 to 6 months*  
 Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Wm Blambrill*  
 Address *Ellicott City, Md.*  
 Accident or Suicide *—*

PHYSICIAN  
OR CORONER

#700



Name  
in  
Full

Edgar Hough Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorsey</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Jan</i>	Day <i>5<sup>th</sup></i>	Age <i>3</i>	Years <i>2</i>	Months <i>9</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Dorsey Maryland</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Resided at place of death</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter F Dixon</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lida Gertrude Englehart</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Walter F Dixon</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary	<i>Influenza with Pneumonia</i>	How long <i>7 days</i>
Immediate	<i>same</i>	How long <i>7 days</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

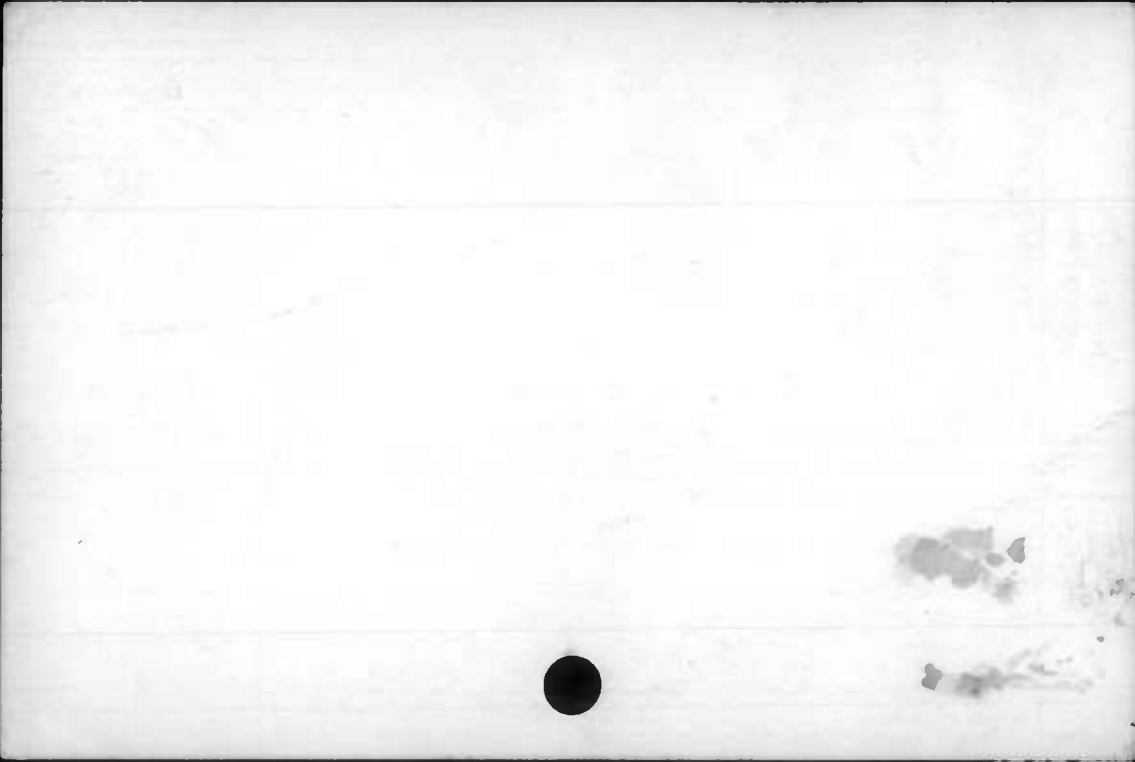
Signature of Physician

Address

*Arthur Williams*  
*Elk Ridge Ind.*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER



Name in Full		Margaret Cordelia Feeney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1909		1	6	1	6	6
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death		at home	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Bartholomew Feeney				Father's Birthplace	md
Mother's Maiden Name	Cordelia Baer				Mother's Birthplace	md	
Name of person giving information	Mary Baer				How related to deceased	Aunt.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Congestion of Brain				How long	16 hrs
	Immediate	Convulsions, coma, shock				How long	progressive
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	W. L. Sullivan M.D.	
					Address	Savage	
	Accident or Suicide?		mistake				

George E. French

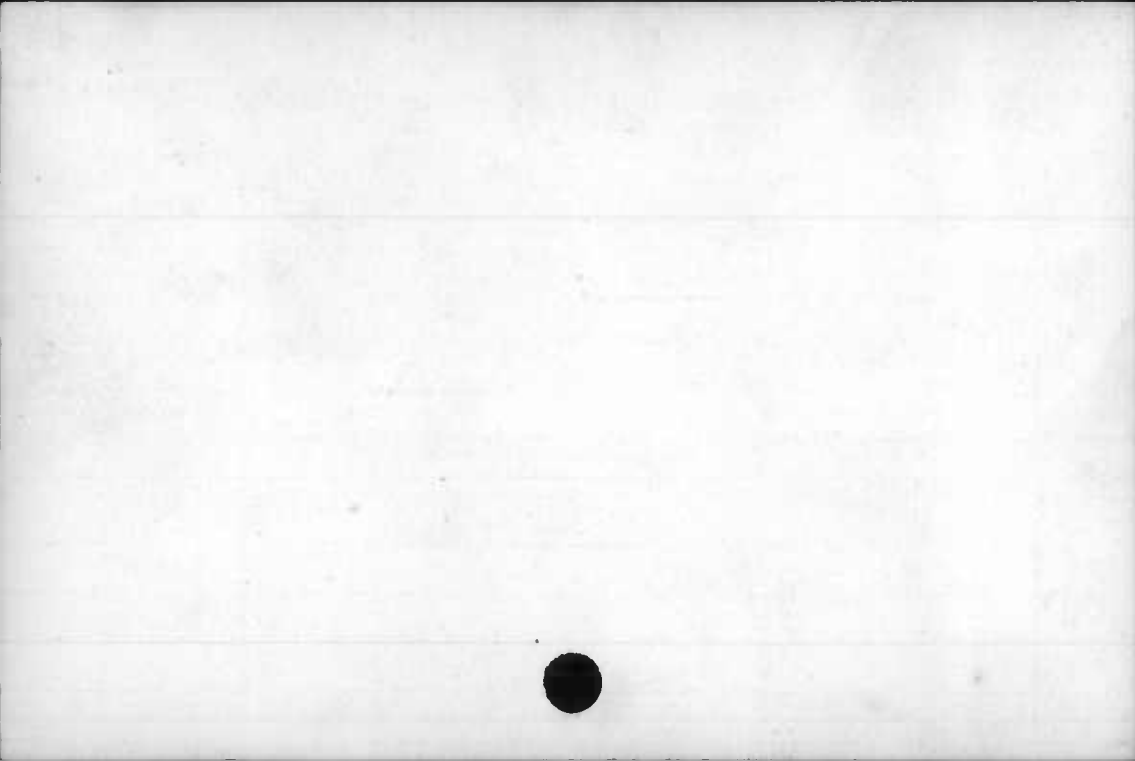
Laurel

and

(1)



Name in Full <b>Edward Bentley Gaither</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <b>Dayton</b> County <b>Howard</b>		<b>MARYLAND</b>
	Date of death <b>1909 Jan 12</b>	Age <b>23</b>	Months <b>11</b> Days <b>27</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Maryland</b>
	Occupation <b>Blacksmith</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband	
	Father's Name <b>Elisiah Riggs Gaither</b>	Father's Birthplace <b>Maryland</b>	
	Mother's Maiden Name <b>Mary Parker Botterell</b>	Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>Mary Parker Botterell</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis</b>	How long <b>3 years</b>	
	Immediate <b>Hemorrhage</b>	How long <b>27 days</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. W. H. H. Jr.</b>	
	Accident or Suicide? <b>_____</b>	Address <b>West Friendship, Howard County, Md.</b>	



Name  
in  
Full

(Still Born) Green  
Town: Sykesville County: Howard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

1909

Month

June

Day

26

Age

born & not

Years

Months

Days

Sex

Female

Color or  
Race

African

Birth-  
place

Howard Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Cravella Green

Mother's  
Birthplace

Howard Co

Name of person giving  
information

Dr. Thomas Greenleaf

How related  
to deceased

Grandfather

CAUSES OF DEATH

How long

How long

Primary

Unknown

Immediate

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

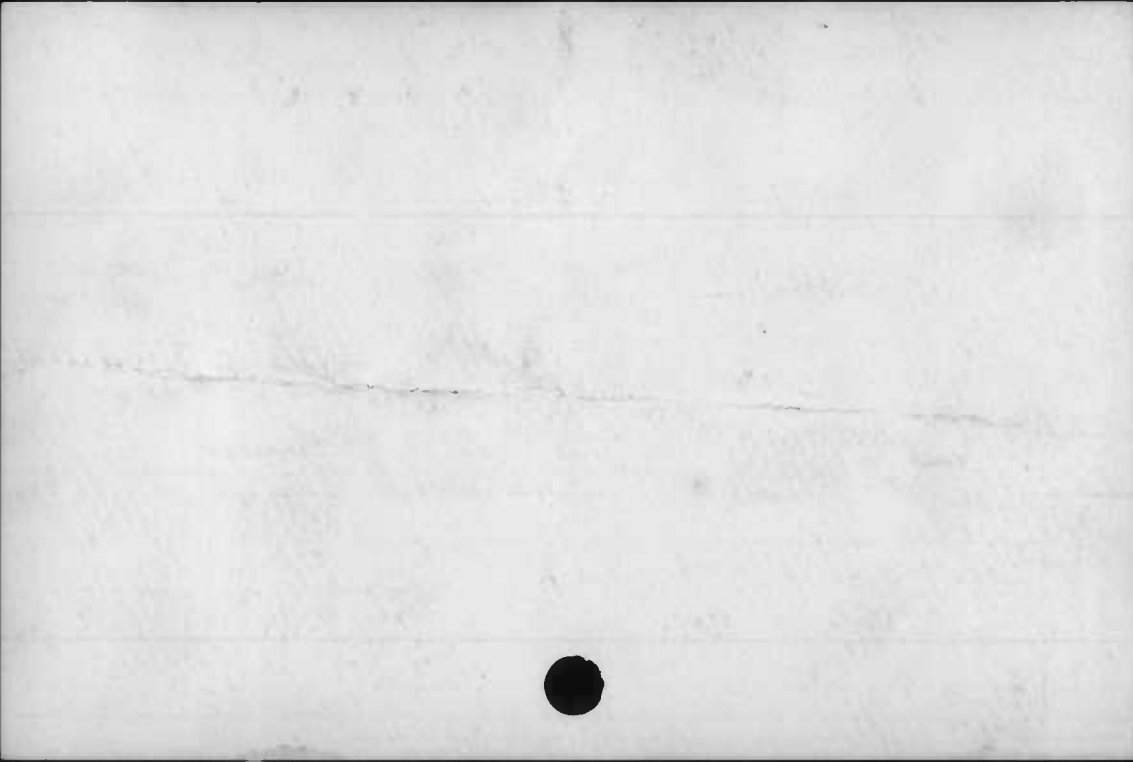
Signature of  
Physician

Address

C. H. Heffner  
Sykesville Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
In  
Full

Carl Elewirth Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

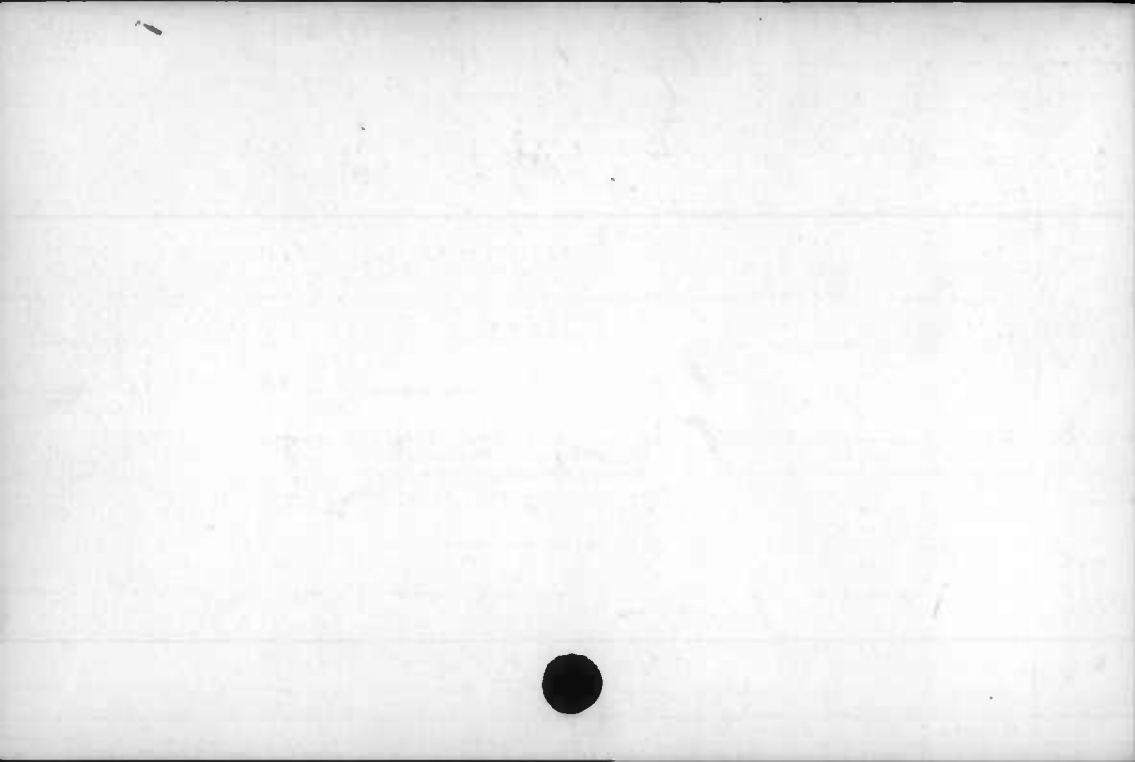
Died at <i>West Friendship</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>13</i>	Age	Years <i>16</i>	Months <i>24</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Hammond Grimes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Breanna Hefley</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J. Hammond Grimes</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary <i>Coronary</i>	How long <i>4 hours</i>
Immediate <i>Active Arterio Scurge</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hefley</i>
	Address <i>West Friendship Howard County Md.</i>
Accident or Suicide? <i>—</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prine Orchard</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>male</i>		Color or Race <i>color</i>		Birth-place <i>MD</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Prine Orchard</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>m</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>	
Father's Name <i>William Hammond</i>		Mother's Maiden Name <i>Lizzie Dorsey</i>		Name of person giving information <i>Mrs. Hammond</i>		How related to deceased <i>brother</i>	

## CAUSES OF DEATH

Primary

*Still born.*

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

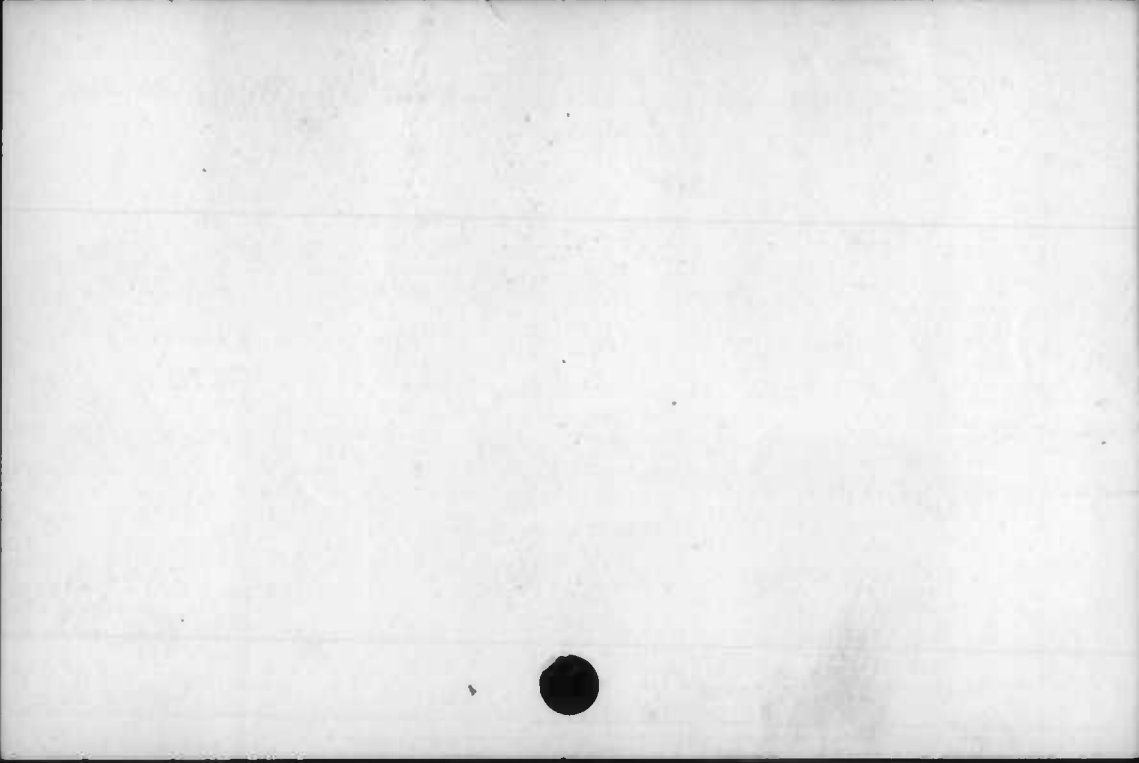
Signature of Physician

Address

*N. C. Shivers  
Ellicott City.*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

George W Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Elkridge* County *Howard* MARYLAND

Died at *Elkridge*

Date of death 1907 *Jan* Month *14* Day *62* Age *6* Months *6* Days

Sex *male* Color or Race *white* Birthplace *Maryland*

Occupation *Merchant* Where Residing if not at place of death *Elkridge*

Married, Single or Widowed *married* Name of Wife or Husband *Georgiana Hobbs*

Father's Name *George Hobbs* Father's Birthplace *Ind.*

Mother's Maiden Name *Annie McConley* Mother's Birthplace *Ind.*

Name of person giving Information *George Hobbs* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Endo-Arteritis with atherosclerosis* How long *2 years*

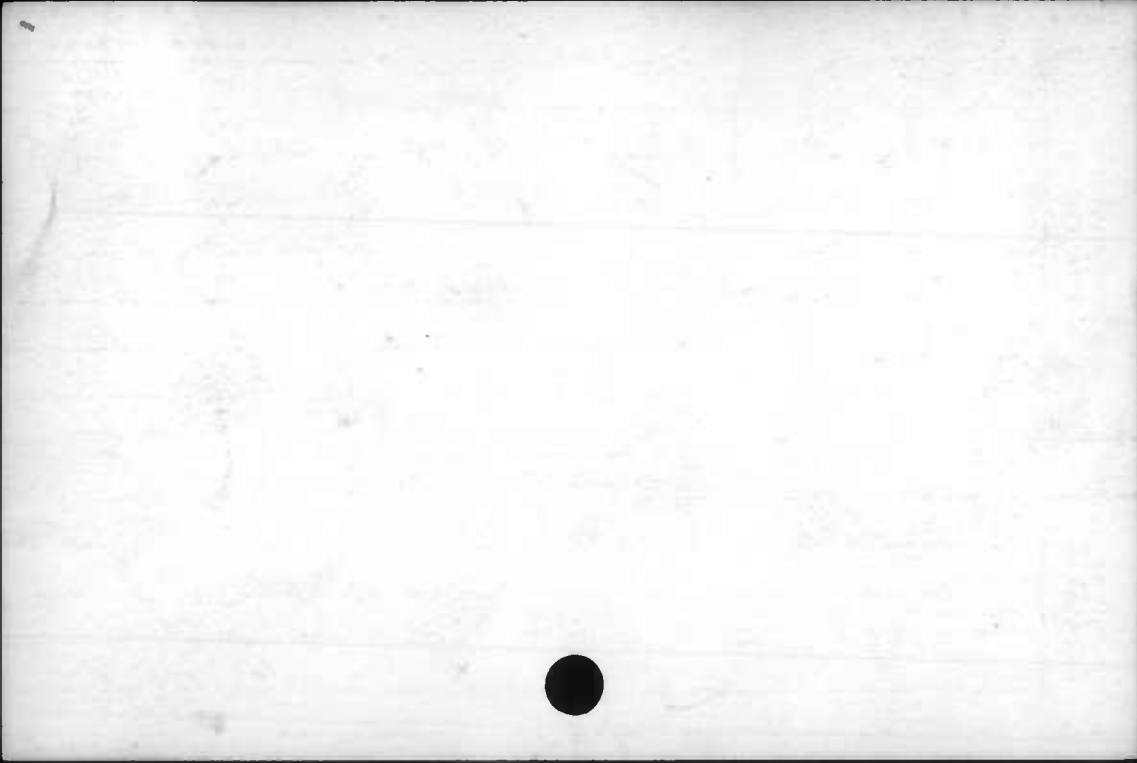
Immediate *same* How long *2 years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Arthur Williams*

Address *Elkridge Ind.*

Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

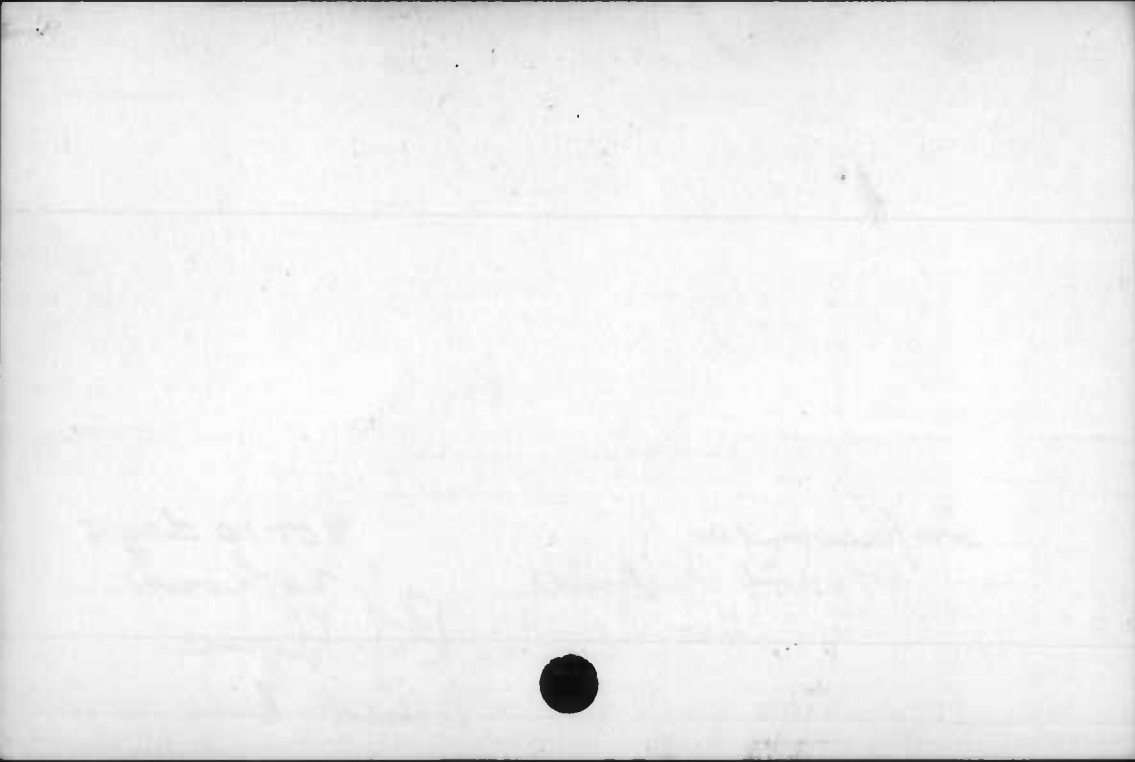
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dayton</u> <sup>Town</sup>		County <u>Howard</u>		MARYLAND	
Date of death	1909	Month <u>Jan</u>	Day <u>16</u>	Age <u>20</u> Years	Months <u>None</u> Days <u>None</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Dayton</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Dayton</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Not known</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Rebecca Jones</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Randolph Wilson</u>	How related to deceased <u>Step Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Birth</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. Trichot</u>
	Address <u>Dayton Ind</u>
Accident or Suicide?	



Name  
in  
Full

✓  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

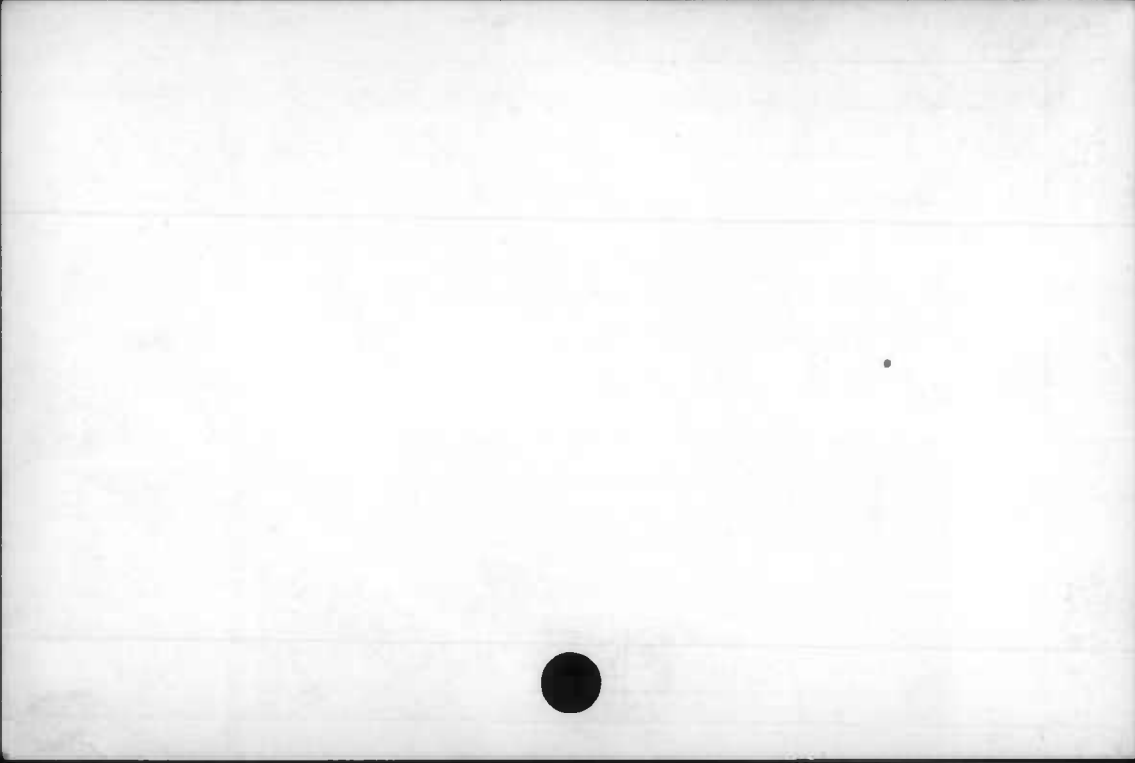
Died at <i>St Charles College</i>		Town <i>St Charles</i>		County <i>Howard</i>		MARYLAND	
Date of death	1909	Month	Jan.	Day	28th	Age	62
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months <i>11</i> Days <i>26</i>	
Occupation <i>Priest</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Henry Judge</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ann Judge (McNulty)</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Rev. F. X. McKenny</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

10

Primary	<i>Influenza</i>	How long	<i>8 or 10 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. J. Byrne</i>	
		Address <i>Elliott City Md</i>	
Accident or Suicide <i>Accident</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

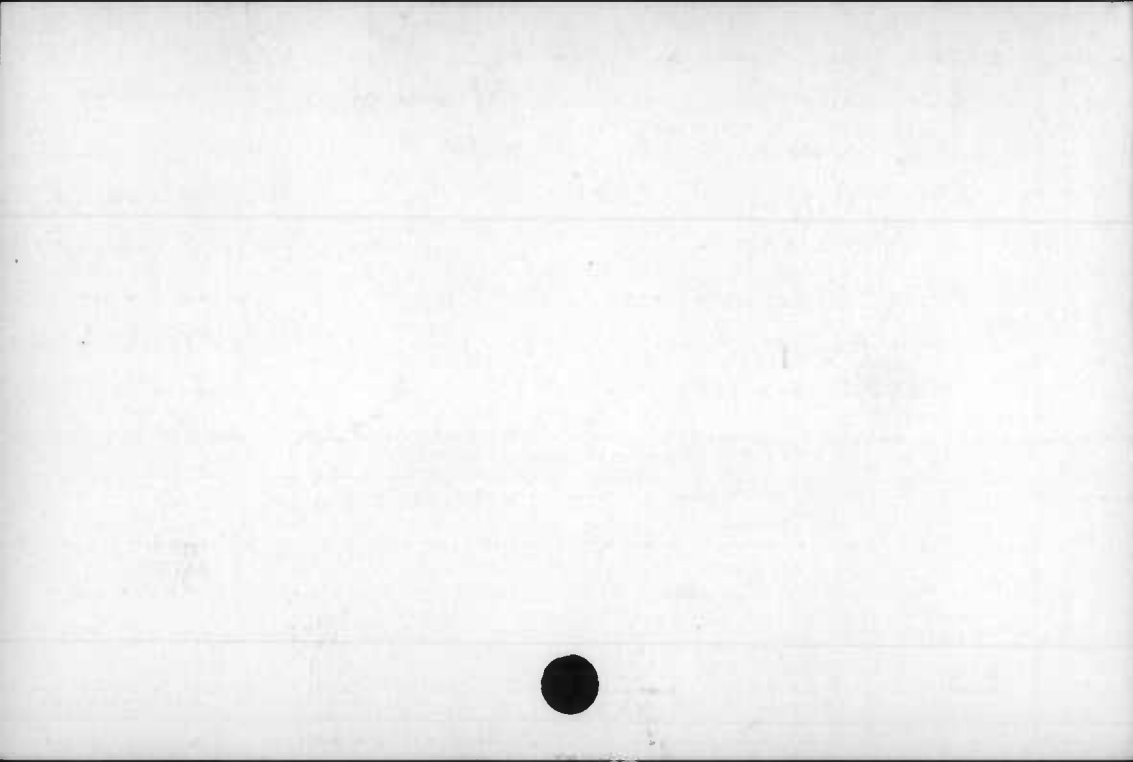
Died at <i>Simpsonville</i>		Town <i>Thuradore Kelly</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>27</i>	Age	<i>5</i>	Months	Days <i>8</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Simpsonville</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Simpsonville</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Samuel Kelly</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mary Bacon</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Samuel Kelly</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>4 months</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. A. Nichols M.D.</i>
		Address	<i>Dayton Md</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott</i>		Town <i>Ellicott</i>		County <i>Howard</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>no</i>	Years <i>no</i>	Months <i>no</i>	Days <i>18h</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>iron</i>	Where Residing if not at place of death <i>Ellicott City</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>no</i>						
Father's Name <i>Joseph E Kuhn</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Annie H. Mours</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>John J Kuhn</i>	How related to deceased <i>Grand father</i>						

## CAUSES OF DEATH

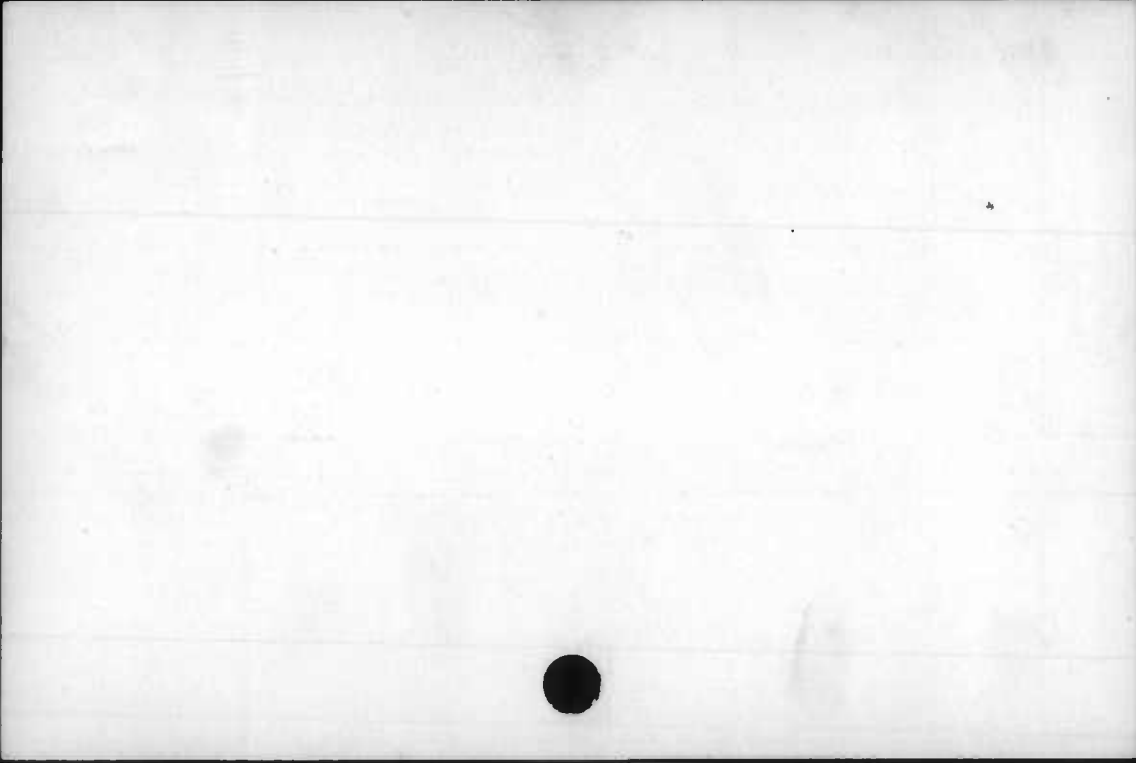
151

PHYSICIAN  
OR CORONER

Primary <i>Cerebromia</i>	How long <i>12 hrs.</i>
Immediate <i>Heart failure</i>	How long <i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Shiver</i>
	Address <i>Ellicott City</i>
Accident or Suicide	



Name in Full <b>Edward J. Manner</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Columbia</b> Town	<b>Hanover</b> County	<b>MARYLAND</b>
	Date of death <b>1909 Jan 22</b>	Age <b>90</b>	Months <b>1</b> Days <b>1</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Maryland</b>
	Occupation <b>none</b>	Where Residing if not at place of death <b>Columbia</b>	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>none</b>	
	Father's Name <b>Lawrence J. Manner</b>	Father's Birthplace <b>Maryland</b>	
	Mother's Maiden Name <b>Elvora T. Madigan</b>	Mother's Birthplace <b>Washington</b>	
Name of person giving information <b>Lawrence J. Manner</b>	How related to deceased <b>Father</b>		
CAUSES OF DEATH			<b>(150)</b>
PHYSICIAN OR CORONER	Primary <b>bronchitis heart failure</b>	How long <b>4 weeks</b>	
	Immediate <b>asthma</b>	How long <b>same</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>John B. Rogers M.D.</b>	
		Address <b>Columbia Md.</b>	
	Accident or Suicide?		



Name  
in  
Full

Mrs. Mary Mullinix

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

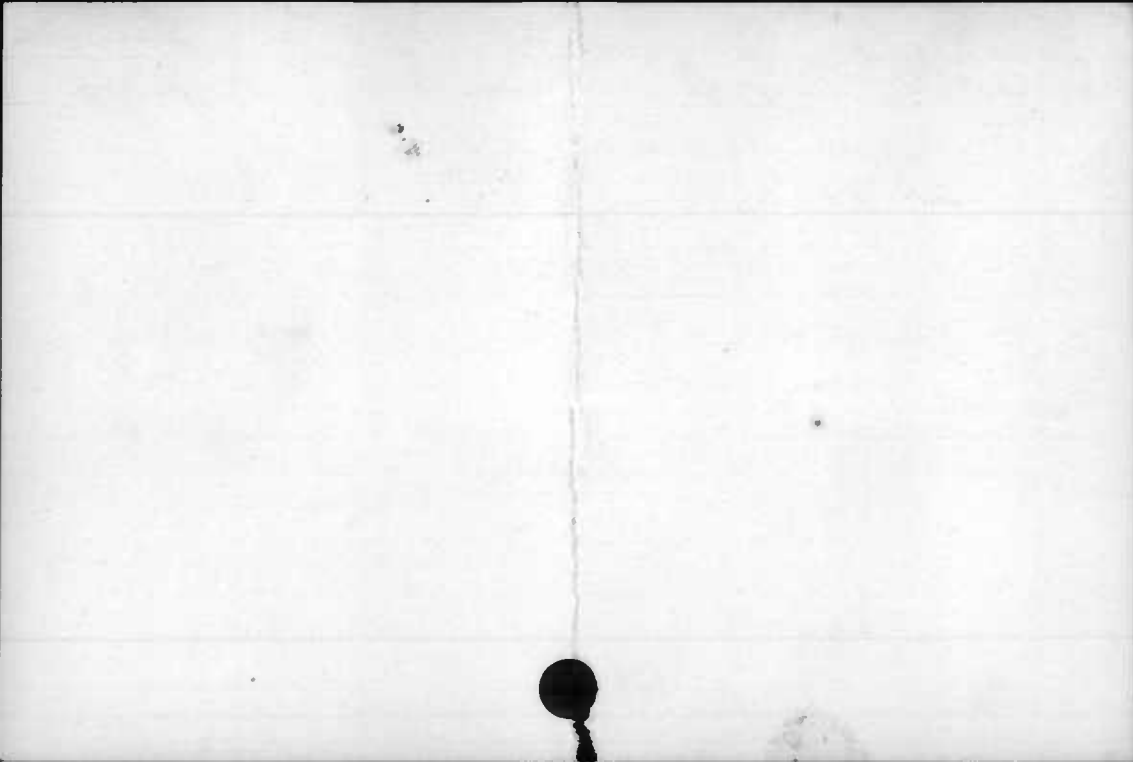
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan.	20	Age 66	8	10	
Sex	Female		Color or Race	White American		Birth-place	Ireland
Occupation	Housewife		Where Residing if not at place of death		Near Long Corner Howard Co. Ind.		
Married, Single or Widowed	Married		Name of Wife or Husband		Luther J. Mullinix		
Father's Name	David Murray				Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Luther J. Mullinix				How related to deceased	Husband	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart Disease		How long	3 Years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Mt. Airy, Ind.	
Accident or Suicide?				



Name  
in  
Full

Mary Elizabeth Shepherd.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Florence.<sup>County</sup> Howard.

MARYLAND

Date of death 1909 Jan.

Day 26.

Age

Years 0

Months 0

Days 0

Sex Female.

Color or  
Race

Negro.

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Abraham L. Shepherd.

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sarah Virginia Shepherd.

Mother's  
Birthplace

Md.

Name of person giving  
Information

Abraham L. Shepherd.

How related  
to deceased

Father.

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

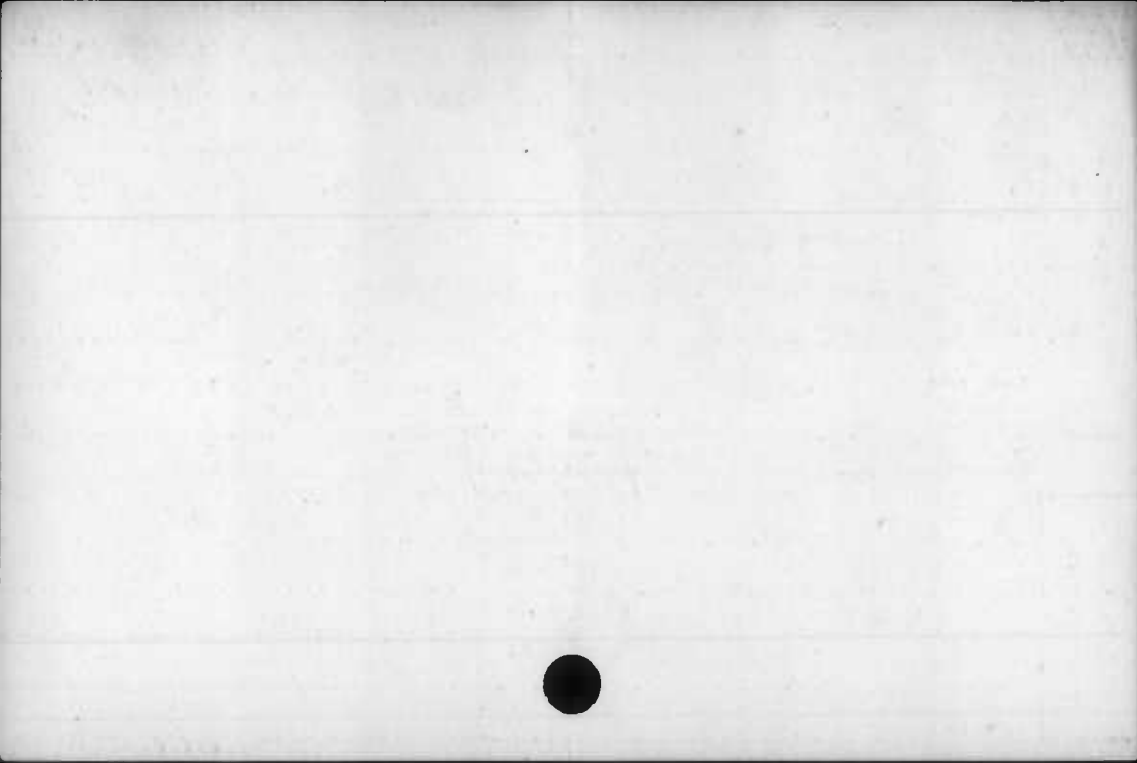
Address

J. W. Lacy.  
Linton.

Accident or Suicide?

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Louis Snowden

## CERTIFICATE OF DEATH

Died <sup>near</sup> ~~at~~ Town *Dayton*County *Howard*

MARYLAND

Date of death *1909* Month *Jan* Day *9* Age *—* Years Months *3* Days *—*Sex *Male* Color or Race *Colored* Birth-place *Ind*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *John Snowden* Father's Birthplace *Ind*Mother's Maiden Name *Belle Bruce* Mother's Birthplace *Ind*Name of person giving information *John Snowden* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Pneumonia*

How long

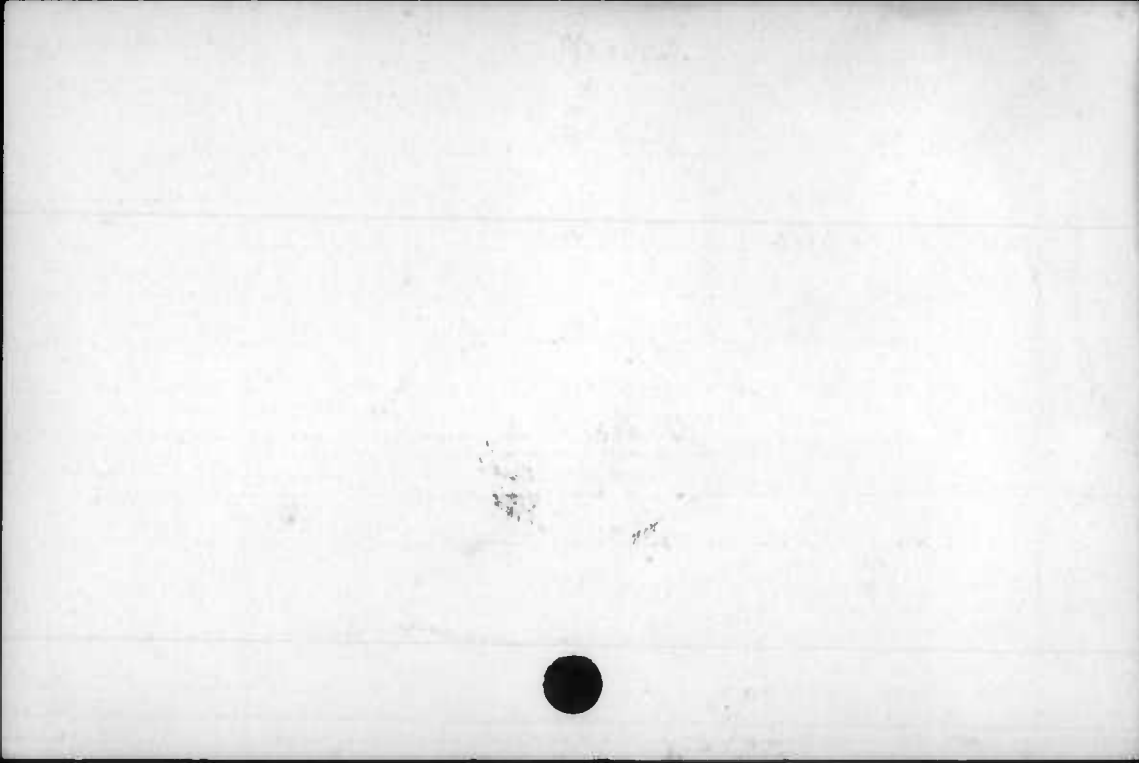
Immediate *Pneumonia*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Parent, John Snowden*Address *Dayton*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Daisy* Town *Howard* CountyDate of death *1909* Month *Jan* Day *13* Age *66* Years Months *8* Days *—*Sex *Male* Color or Race *White* Birth-place *Powhatan Md.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Elenora Stier*Father's Name *Frederick Stier* Father's Birthplace *Prima.*Mother's Maiden Name *Mary Arnold* Mother's Birthplace *Ireland*Name of person giving information *Carl D. Stier* How related to deceased *Son*

## CAUSES OF DEATH

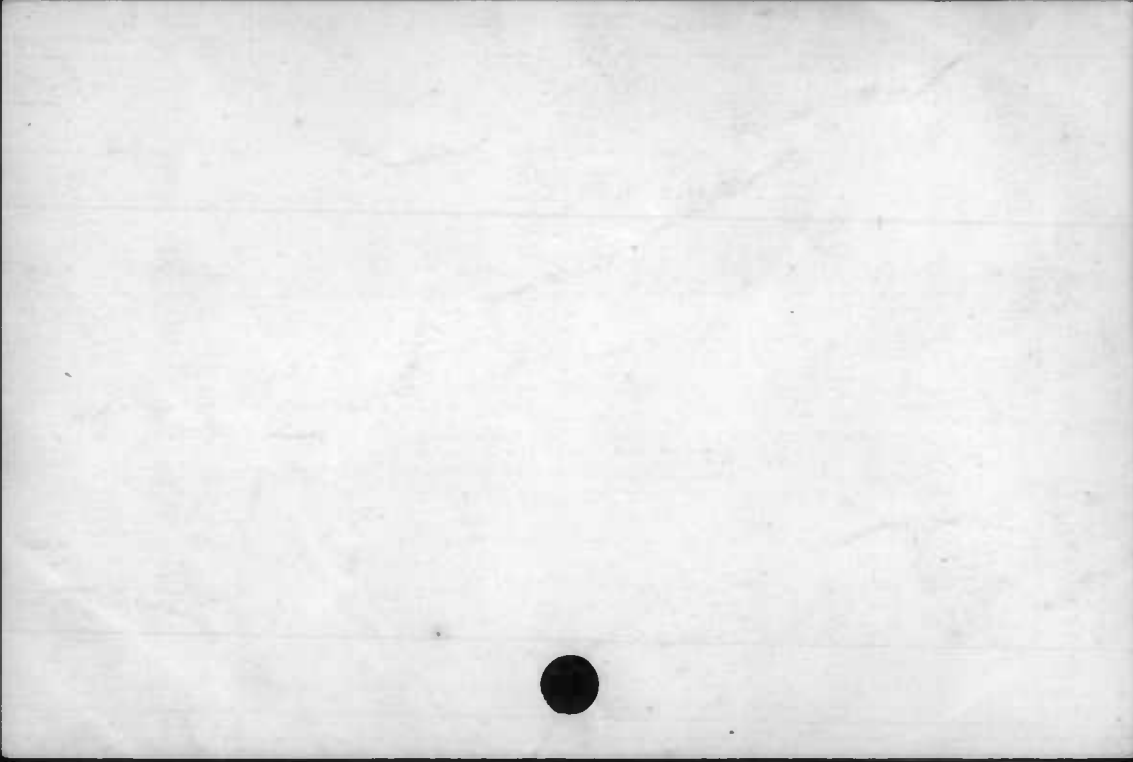
**64**Primary *Cardiac disease of chronic character* How long *2 years*Immediate *Cerebral apoplexy* How long *6 days.*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

*J. W. Lacy*  
*Lisbon*  
*Md.*

Accident or Suicide?



Name  
in  
Full

Seibert Vollmerhausen (3rd)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

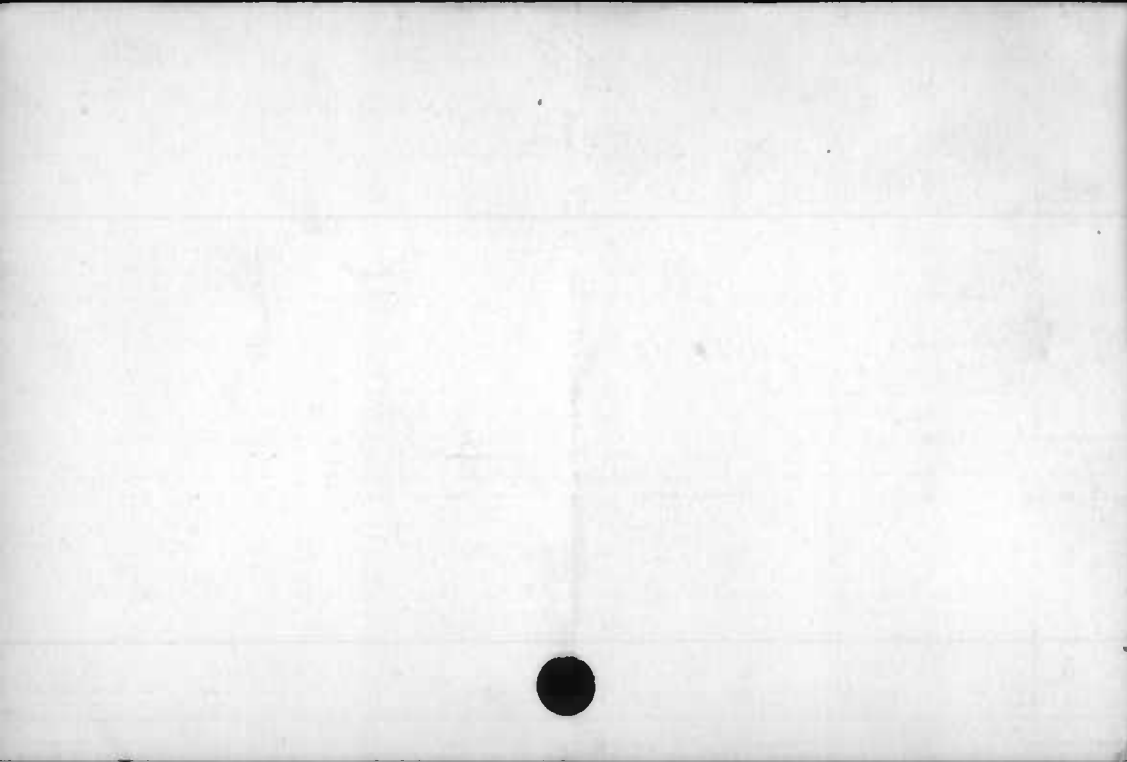
Died at <u>Guilford</u> <sup>Town</sup>		<u>Stoward</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Jan</u>	Day <u>23</u>	Age <u>      </u>	Years <u>      </u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Guilford</u>	
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
<del>Married, Single or Widowed</del>		<del>Name of wife or Husband</del>			
Father's Name <u>Seibert Vollmerhausen</u>			Father's Birthplace <u>Balto Md.</u>		
Mother's Maiden Name <u>Elizabeth A Nicolai</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>Seibert Vollmerhausen</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<u>Blue Baby</u>	How long	<u>2 days</u>
Immediate	<u>Asphyxia</u>	How long	<u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas E Umbleson</u>	
		Address <u>Guilford Md</u>	
Accident or Suicide?			



Name  
in  
Full

William O. Wheary

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Simpsonville		County Howard Co		MARYLAND	
Date of death	1909	Month Jan'y	Day 3	Age 73	Years	Months	Days
Sex	Male		Color or Race	white		Birth- place	
Occupation	Farmer			Where Residing if not at place of death Simpsonville			
Married, Single or Widowed	Widow		Name of Wife or Husband Annetta Lilly				
Father's Name	John Wheary				Father's Birthplace Maryland		
Mother's Maiden Name	not known				Mother's Birthplace not known		
Name of person giving in formation	Chas R. Canty				How related to deceased Nephew		

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary		How long	
Peritonitis		one week	
Immediate		How long	
Heart-failure		Progressive	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		T. H. L. C. L.	
		Address	
		Highland Md.	
Accident or Suicide?			

